

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Manal Yamout			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office			
POSITION Special Advisor to Governor			CB/ID NUMBER		DIVISION OR BUREAU Governor's Office			INDEX NUMBER	
RESIDENCE ADDRESS 5340 Grant Ave					HEADQUARTERS ADDRESS 1st Floor - State Capitol			TELEPHONE NUMBER 916/322-9378	
CITY Carmichael		STATE CA		ZIP 95608		CITY Sacramento		STATE CA	
								ZIP 95814	

MONTH/YEAR 1/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
5-Jan	9:00 AM	Sacramento to Ontario		2.45	6.84	11.96		317.40	AIR			0.00		338.65
6-Jan	3:00 PM	Ontario to Sacramento	130.50	4.45	3.09			80.43	CAR/GAS			0.00		218.47
												0.00		0.00
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SUBTOTALS			130.50	6.90	9.93	11.96	0.00	397.83	0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	554.67	<del>557.12</del>
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PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

California Energy Commission Ridgecrest Solar Project Hearing.

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

AGENCY ACCOUNTING OFFICE  
USE ONLY  
PAID BY REVOLVING FUND CHECK NUMBER

240834

CLAIMANT'S SIGNATURE	DATE 1/6/10	SIGNATURE C	AND PAYMENT	DATE 1/7/10
SIGNATURE C			DATE	